Major Donor and	-		COMMITTEE STATE			
Independent Expenditure Committe Campaign Statement (Government Code Sections 84200-84216.5)	or print in ink.	Date Stamp	CALIFORNIA 461 FORM			
	Statement covers period	Date of election if applicable:	1	1/10		
Amendment	from10/01/2017	(Month, Day,Year)		For Official Use Only		
SEE INSTRUCTIONS ON REVERSE	through12/31/2017					
1. Name and Address Of Filer	1	3. Summary	-1			
NAME OF FILER (Include name(s) of all affiliated entities whose contribution Blue Shield of California	,	(Amounts may be rounded to when the continuous continuo	ributions 00 or more	1388100.00		
MAILING ADDRESS	(NO. AND STREET)			\$1388100.00		
_	STATE ZIP CODE	Unitemized expenditure contributions (including \$100 made this period.)	loans) under	\$0.00		
	CA 95814 AREA CODE/DAYTIME PHONE	3. Total expenditures and made this period. (Add		SUBTOTAL \$1388100.00		
Darrin Lim		Total expenditures and				
2. Nature and Interests of Filer (Comple		made from prior staten amount from Line 5 of	`			
A FILER THAT IS AN INDIVIDUAL MUST LIST THE NAME, OF EMPLOYER OR, IF SELF-EMPLOYED, THE NAME, AD	ADDRESS, AND BUSINESS INTERESTS DRESS, AND NATURE OF THE BUSINESS	filed. If this is the first	statement for	4200400.00		
NAME OF EMPLOYER/BUSINESS	BUSINESS INTERESTS	the calendar year, ente		\$1388100.00		
		5. Total expenditures and (including loans) made				
ADDRESS OF EMPLOYER/BUSINESS	•	January 1 of the currer	nt calendar year.	TOTAL \$ 2776200.00		
A FILER THAT IS A BUSINESS ENTITY MUST DESCRIBE ENGAGED	THE BUSINESS ACTIVITY IN WHICH IT IS	4. Verification I have used all reasonable				
Health A FILER THAT IS AN ASSOCIATION MUST PROVIDE A SF	PECIFIC DESCRIPTION OF ITS INTERESTS	reviewed the statement ar contained herein is true ar		nowledge the information under penalty of perjury under		
	LOW TO DECOME HONOR HO INTERESTO	the laws of the State of Ca	alifornia that the forego	oing is true and correct.		
A FILER THAT IS NOT AN INDIVIDUAL, BUSINESS ENTITY COMMON ECONOMIC INTEREST OF THE GROUP OR EN		Executed on	SI	GNATURE OF INDIVIDUAL DONOR OR BLE OFFICER IF OTHER THAN AN INDIVIDUAL		

Type or print in ink.
Amounts may be rounded to whole dollars.

INDEPENDENT EXPENDITURE COMMITTEE AN
MAJOR DONOR COMMITTEE STATEMEN

Statem	ent covers period	CALIFORNIA	161	
from	10/01/2017	FORM	401	
through	12/31/2017	2/10		
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Blue Shield of California

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE
10/04/2017	California Republican Party Sacramento CA 95814 ID: 810163 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		California Republican Party NO: □ Support □ Oppose	50000.00	\$ Calendar Year \$ 50000.00 Other
10/04/2017	Daly for Assembly 2018 Sacramento CA 95814 ID: 1393412 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Tom Daly State Assembly Person Assembly District NO: 69 ☐ Support ☐ Oppose	4400.00	\$ Calendar Year \$ 4400.00 Other
10/12/2017	Maienschein for Assembly 2018 Sacramento CA 95814 ID: 1392735 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Brian Maienschein State Assembly Person Assembly District NO: 77 Support Oppose	2000.00	\$S Calendar Year \$S Oo.00 Other
10/13/2017	Build California, Senator Jim Beall Ballot Measure Sacramento CA 95814 ID: 1393651 Reference No:	Contribution Loan Non-Monetary Contribution Independent Expenditure		Build California,Senator Jim Beall I NO: X Support	Ballot M 29 യെക ാ	mmitledendar Year \$Other
				SUBTOTAL \$		

FPPC From 461 (8/99)

Type or print in ink.
Amounts may be rounded to whole dollars.

INDEPENDENT EXPENDITURE COMMITTEE AND
MAJOR DONOR COMMITTEE STATEMENT

Staten	nent covers period	CALIFORNIA	161
from	10/01/2017	FORM	461
through	12/31/2017	3/10	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Blue Shield of California

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE
10/13/2017	Ian Calderon for Assembly 2018 Sacramento CA 95814 ID: 1392684 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Ian Calderon State Assembly Person Assembly District NO: 57 ☐ Oppose	3000.00	\$ 3000.00 Other
10/13/2017	Jim Frazier for Assembly 2018 Sacramento CA 95814 ID: 1392652 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Jim Frazier State Assembly Person Assembly District NO: 11 ☐ Support ☐ Oppose	4400.00	Calendar Year \$ 4400.00 Other
10/30/2017	Holly Mitchell for Senate 2018 Sacramento CA 95814 ID: 1373775 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Holly Mitchell State Senator Senate District NO: 30 Support Oppose	1500.00	\$ 1500.00 Other
10/30/2017	Patterson for Assembly 2018 Fresno CA 93721 ID: 1393990 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Jim Patterson State Assembly Person Assembly District NO: 23 Support Oppose	1000.00	\$ 3000.00 Other
				SUBTOTAL \$		

FPPC From 461 (8/99)

Type or print in ink.
Amounts may be rounded to whole dollars.

INDEPENDENT EXPENDITURE COMMITTEE AND
MAJOR DONOR COMMITTEE STATEMENT

Statem	ent covers period	CALIFORNIA	161	
from	10/01/2017	FORM	401	
through	12/31/2017	4/10		
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Blue Shield of California

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE
11/01/2017	Ash Kalra for Assembly 2016 Sacramento CA 95814 ID: 1373591 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure	Debt Reduction	Ash Kalra State Assembly Person Assembly District NO: 27 Support Oppose	2000.00	Calendar Year \$ Calendar Year \$ Other
11/03/2017	Cannella for Lt. Governor 2018 Hilmar CA 95324 ID: 1374138 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Anthony Cannella Lieutenant Governor Statewide NO: Support Oppose	1500.00	\$ 1500.00 Other
11/03/2017	Ting for Assembly 2018 Sacramento CA 95814 ID: 1393484 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Phil Ting State Assembly Person Assembly District NO: 19 Support Oppose	2500.00	\$ 8800.00 Other
11/10/2017	Janice Rutherford for Supervisor 2018 Fontana CA 92336 ID: 1372155 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Janice Rutherford County Supervisor Other San Bernardino County San Bernardino County NO: Support Oppose	1500.00	Calendar Year \$ Calendar Year \$ Other
				SUBTOTAL \$		

FPPC From 461 (8/99)

Type or print in ink.
Amounts may be rounded to whole dollars.

INDEPENDENT EXPENDITURE COMMITTEE ANI	D
MAJOR DONOR COMMITTEE STATEMEN	Т

Staten	nent covers period	CALIFORNIA	161
from	10/01/2017	FORM	461
through	12/31/2017	5/10	
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Blue Shield of California

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE
11/22/2017	Ting for Assembly 2018 Sacramento CA 95814 ID: 1393484 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Phil Ting State Assembly Person Assembly District NO: 19 Support Oppose	1300.00	\$ 8800.00 Other
12/06/2017	Holden for Assembly 2018 Sacramento CA 95814 ID: 1393404 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Chris Holden State Assembly Person Assembly District NO: 41 Support Oppose	2000.00	Calendar Year
12/06/2017	Connie Leyva for Senate 2018 Los Angeles CA 90017 ID: 1374053 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Connie Leyva State Senator Senate District NO: 20 Support Oppose	1400.00	Calendar Year
12/06/2017	Connie Leyva for Senate 2018 Los Angeles CA 90017 ID: 1374053 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Connie Leyva State Senator Senate District NO: 20 X Support Oppose	1500.00	Calendar Year \$ 4400.00 Other \$
SUBTOTAL \$						

FPPC From 461 (8/99)

Type or print in ink.
Amounts may be rounded to whole dollars.

INDEPENDENT EXPENDITURE COMMITTEE AND
MAJOR DONOR COMMITTEE STATEMENT

Staten	nent covers period	CALIFORNIA	461	
from	10/01/2017	FORM		
through	12/31/2017	6/10		
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Blue Shield of California

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE
12/08/2017	Californians for High Quality and Affordable Hea Sacramento CA 95814 ID: 1379593 Reference No:	th and PACV Contribution Loan Non-Monetary Contribution		Californians for High Quality and A	ffordab i @@@au0 OC	are PARendar Year \$
	ID. 1379595 Reference No.	Independent Expenditure		X Support ☐ Oppose		\$
12/12/2017	Ma for State Treasurer 2018 Sacramento CA 95814 ID: 1384474 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Fiona Ma State Treasurer Statewide NO: Support Oppose	7300.00	Calendar Year \$ 7300.00 Other
12/12/2017	O'Connell for Assembly 2018 Long Beach CA 90807 ID: 1393597 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Patrick O'Donnell State Assembly Person Assembly District NO: 70 Support Oppose	4400.00	Calendar Year \$ 4400.00 Other \$
12/12/2017	San Diego County Democratic Central Committee Sacramento CA 95814 ID: 741906 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		San Diego County Democratic Cer NO: Support Democratic Cer	tral Cdr06000e90	Calendar Year \$ Other
SUBTOTAL \$						

FPPC From 461 (8/99)

Type or print in ink.
Amounts may be rounded to whole dollars.

INDEPENDENT EXPENDITURE COMMITTEE AND
MAJOR DONOR COMMITTEE STATEMENT

Staten	nent covers period	CALIFORNIA	461	
from	10/01/2017	FORM		
through	12/31/2017	7/10		
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Blue Shield of California

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE
12/13/2017	Evan Low for Assembly 2018 Sacramento CA 95814 ID: 1392357 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Evan Low State Assembly Person Assembly District NO: 28 Support Oppose	3000.00	\$ Calendar Year \$ 3000.00 Other
12/19/2017	California Works: Speaker Toni Atkins Ballot Mea Encinitas CA 92024 ID: 1357909 Reference No:	Contribution Loan Non-Monetary Contribution Independent Expenditure		California Works: Speaker Toni Atl NO: ☐ Support ☐ Oppose	kins Ba ll50M@ &&ur	e Corคิศท์หน่อย Year \$ Other
12/19/2017	Eduardo Garcia for Assembly 2018 Sacramento CA 95814 ID: 1392382 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Eduardo Garcia State Assembly Person Assembly District NO: 56 Support Oppose	2000.00	\$ Calendar Year \$ 2000.00 Other
12/20/2017	California Democratic Party Sacramento CA 95814 ID: 741666 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		California Democratic Party NO: □ Support □ Oppose	50000.00	Calendar Year \$ Calendar Year \$ Other
SUBTOTAL \$						

FPPC From 461 (8/99)

Type or print in ink.
Amounts may be rounded to whole dollars.

INDEPENDENT EXPENDITURE COMMITTEE AND
MAJOR DONOR COMMITTEE STATEMENT

Statem	nent covers period	CALIFORNIA	461	
from	10/01/2017	FORM		
through	12/31/2017	8/10		
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Blue Shield of California

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE
12/21/2017	Maria Elena Durazo Democrat for State Senate Sacramento CA 95814 ID: 1395749 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Maria Elena Durazo State Senator Senate District NO: 24 ☐ Support ☐ Oppose	4400.00	\$ 4400.00 Other
12/27/2017	California Democratic Party Sacramento CA 95814 ID: 741666 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		California Democratic Party NO: □ Support □ Oppose	20000.00	\$ Calendar Year \$ 168500.00 Other
12/27/2017	Coalition to Protect Healthcare San Rafael CA 94901 ID: 1400864 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Coalition to Protect Healthcare NO: □ Support □ Oppose	1000000.00	\$ Calendar Year \$ 1000000.00 Other
12/27/2017	Our Voice Our Vote,Lorena Gonzalez Ballot Mea Encinitas CA 92024 ID: 1385557 Reference No:	Sulve (Nonetail/tee Contribution Loan Non-Monetary Contribution Independent Expenditure		Our Voice Our Vote,Lorena Gonza NO: Support Dppose	lez Ba ilo∄000€a60 re	\$ 27000.00 Other
SUBTOTAL \$						

FPPC From 461 (8/99)

Type or print in ink.
Amounts may be rounded to whole dollars.

INDEPENDENT EXPENDITURE COMMITTEE AN
MAJOR DONOR COMMITTEE STATEMEN

Statement covers period		CALIFORNIA	161	
from	10/01/2017	FORM	401	
through	12/31/2017	9/10		
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Blue Shield of California

5. Contributions (Including Loans, Forgiveness of Loans, and Loan Guarantees) and Expenditures Made

(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE
12/28/2017	Californians Against State Government Run Head Sacramento CA 95814 ID: 1399352 Reference No:	th alternative Contribution Loan Non-Monetary Contribution Independent Expenditure		AG 17-0019; AG 17-0048 Statewide NO: Support Oppose	30000.00	\$ Calendar Year \$ 50000.00 Other
12/28/2017	Californians Against State Government Run Head Sacramento CA 95814 ID: 1399352 Reference No:	th alternative Contribution Loan Non-Monetary Contribution Independent Expenditure		AG 17-0019; AG 17-0048 Statewide NO: Support Oppose	20000.00	\$
12/29/2017	Rob Bonta Advancing California Ballot Measure Sacramento CA 95814 ID: 1363694 Reference No:	Contribution Contribution Loan Non-Monetary Contribution Independent Expenditure		Rob Bonta Advancing California Ba	allot Me á€û0€.0 6m	s 1600.00 Other
12/29/2017	Bonta for Assembly 2018 Sacramento CA 95814 ID: 1392389 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Rob Bonta State Assembly Person Assembly District NO: 18 X Support Oppose	3400.00	\$ S400.00 Other
SUBTOTAL \$						

FPPC From 461 (8/99)

Type or print in ink.
Amounts may be rounded to whole dollars.

INDEPENDENT EXPENDITURE COMMITTEE ANI
MAJOR DONOR COMMITTEE STATEMEN

Staten	nent covers period	CALIFORNIA	461	
from	10/01/2017	FORM		
through	12/31/2017	10/10		
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Blue Shield of California

5. Contrib	itions (Including Loar	s, Forgiveness of Loans	, and Loan Guarantees) and Expenditures Made
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(If more space is needed, use additional copies of this page for continuation sheets.)

DATE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	TYPE OF PAYMENT	DESCRIPTION OF PAYMENT (IF OTHER THAN MONETARY CONTRIBUTION OR LOAN)	CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	AMOUNT THIS PERIOD	CUMULATIVE AMOUNT RELATIVE TO THIS CANDIDATE, MEASURE, OR COMMITTEE
12/29/2017	Healing Our Communities Sacramento CA 95815 ID: 1381705 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Healing Our Communities NO: □ Support □ Oppose	100000.00	\$Other
12/29/2017	Healthy California - Senator Bill Monning Ballot M Sacramento CA 95815 ID: 1393802 Reference No:	le und Contribution Loan Non-Monetary Contribution Independent Expenditure		Bill Monning Ballot Measure Comn NO: ☐ Support ☐ Oppose	nittee 5000.00	\$ 10000.00 Other
12/29/2017	Ting for Assembly 2018 Sacramento CA 95814 ID: 1393484 Reference No:	Monetary Contribution Loan Non-Monetary Contribution Independent Expenditure		Phil Ting State Assembly Person Assembly District NO: 19 X Support Oppose	5000.00	\$ 8800.00 Other

SUBTOTAL \$ 1388100.00